

NORTH CAROLINA STATE BOARD OF ELECTIONS AND ETHICS ENFORCEMENT

2018 STATEMENT OF ECONOMIC INTEREST CANDIDATE

919-814-3600 www

www.ncsbe.gov/Ethics/SEI

2018 ELECTION FILER'S NAME (FIRST, MIDDLE, LAST)							
Prefix	First Name	Middle Name	Last Name	Suffix			
	Michael	Kennedy	Garrett				
CURRENT EMP	LOYER	JO	JOB TITLE				
Marketing Associ	ates	M	Managing Partner				
NATURE OR TY	PE OF BUSINESS						
Marketing Firm							
REASON FOR F	ILING (SELECT ALL THA	Γ APPLY)					
☑ CANDIDATE	For (Specify the office for v	which you are running)					
Senate							
STATE GOVERNMENT JOB (Specify Agency)			BOARD/COMMISSION (List complete name of all State boards on which you are serving or are being considered)				
JUDICIAL OFFICER (Specify Office)			LEGISLATOR (Specify House or Senate)				

A. Do other immediate far ✓ Yes □ No	nily me	mbers reside in yo	our household?	•			
When used throughout thi members of your extended spouses of each of those p	l family	(your and your sp	ouse's childre	• •		•	
List the full name of all a		_	·			der 18 ye	ears old. Minors are
emancipated by marriage, FULL NAME OF ADULTS & EMANCIPATED MINORS		ent in the US mili LATIONSHIP	EMPLOYER		JOB TITLE		NATURE OF BUSINESS
Allison Potter	Fiance		Piedmont Ti	ust	Executive Assistan	t]	Private trust company
B. List ONLY the initial Note: You must list the f INITIALS FOR UNEMANCIPATED CHILDREN	ull nam	•	child on the C			e end of	•
JKG	Son		NA		NA]	NA
PROPERTY INTEREST	L ΓS						
1. As of December 31, 20 A. Have an ownership ✓ Yes □ No Owner of Real Estat	interest	•	real estate (inc	cluding your			ne of \$10,000 or more?
		_					
Michael Garrett		100	Greensboro)	Guilfor	rd
B. Lease or rent real es ☐ Yes ☑ No	tate or p	personal property t	o or from the S	State of Nort	h Carolina with a ma	rket valu	e of \$10,000 or more?
Name of Lessor		Name of Lesse	ee (Renter)	If Real F Ci	Estate, Location by ty & County	If Personal Property, Describ	
2. At any time during 2010 North Carolina personal p ☐ Yes ☑ No		_	_	•	r <u>immediate</u> family <u>se</u>	ll to or b	ouy from the State of
Name of Purchaser			Name of Seller		Г		of Property

FINANCIAL INTERESTS			
3. As of <u>December 31, 2017</u> , did you, your spouse, or members of valued at \$10,000 or more? <u>LIST EACH COMPANY INDIVIDU</u> A. <u>Stock</u> in a publicly owned company?	your immediate family own any of the following financial interests ALLY		
✓ Yes □ No			
or pension or deferred compensation plans) if: (i) the func- neither you nor an immediate family member are able to pension or deferred compensation plan.	nt fund (including mutual funds, regulated investment companies, d is publicly traded or its assets are widely diversified; and (ii) control the assets held in the mutual fund, investment company, or		
Owner of Interest	Full Name of Company (Do not use a ticker symbol)		
Michael Garrett	Amazon		
Michael Garrett	Apple, Inc.		
Alibaba Group HLDG LTD			
B. Stock Options in a company or business? ☐ Yes ☑ No			
Owner of Stock Option	Full Name of Company (Do not use a ticker symbol)		
C. Interests in a non-publicly owned company or business entity partnerships, joint ventures, limited liability companies, limited liability Yes No If "No", proceed to question 4.	y (including interests in sole proprietorships, partnerships, limited bility partnerships, and closely held corporations)?		
Owner of Interest	Name of Company or Business Entity		
Michael Garrett	Marketing Associates, LLC.		
Michael Garrett	REVI Capital, LLC.		
Michael Garrett	All Seasons Commercial Distribution, LLC.		
Michael Garrett	Phoenix Capital Partners, LLC.		
Michael Garrett	Sierra Holdings, LLC.		

C (1). For each non-publicly owned cor	npany or business entit	y (the "primary compar	ny") identified in question 3.C above,	
please list the names of any other companie.	s or business entities ir	which the primary con	npany owns securities or equity interests	
valued at over \$10,000, if known.				
Non-Publicly Owned Company or Bu Primary Company)	siness Entity (the	Other Companies Seco	in which the Primary Company Owns urity or Equity Interests	
☐ None or Not Known				
Sierra Holdings, LLC.		Solair Products, LLC.		
Marketing Associates, LLC.		S2 Solutions and Sales	s, LLC.	
C (2). If you know that any company or	business entity listed i	in 3.C or 3.C(1) above h	nas any material business dealings or	
business contracts with the State of North Co	arolina, or is regulated	by the State, provide a	brief description of that business activity.	
Name of Company or Busine	ss Entity	Description of	of Business Activity with the State	
✓ None or Not Known				
4. As of <u>December 31, 2017</u> , were you, your	r spouse, or members of	of your <u>immediate</u> famil	y the beneficiaries of a vested trust with a	
value of \$10,000 or more that was created, e	established, or controlle	ed by you?		
Do not list assets held in blind trusts. See 20	17 SEI Helpful Tips fo	or the definition of "Ves	sted Trust" and "Blind Trust."	
☐ Yes ☑ No				
Name and Address of Trustee	Description	of the Trust	Your Relationship to the Trust	
5. As of December 31, 2017, did you, your s	spouse, or members of	vour immediate family	have liabilities of \$10,000 or more	
excluding the mortgage on your primary per				
loans and intra-family debt.	Sonai residence: Lixan	ipies include credit care	deots, auto touris, student touris, personar	
✓ Yes □ No				
Name of Debtor (You, Spouse, Immedia	te Family Member)	Type of Credito	or (Commercial Bank, Credit Union,	
		Individual, etc.)		
Michael Garrett		Commercial Bank		

	not specific amounts) of more than. Include salary, wages, state/local;		
dividends, rental income, busin	ess income, and other types of inco	ome required to be reported on you	or State and federal tax returns.
Do <u>not</u> include income receive	ed from the following sources:		
Capital gains	Federal government reti	irement	
Military retirement	► Social security income/S	SSDI	
Recipient of Income	Name of Source	Type of Business/Industry	Type of Income
☐ I had no reportable income of	over \$5,000 in 2017.		
Michael Garrett	Marketing Associates, LLC.	Marketing Firm	salary
Michael Garrett	All Seasons Commercial Distribution, LLC	Distribution	business income
Michael Garrett	Phoenix Capital Partners, LLC.	Real estate	Business income
Michael Garrett	REVI Capital, LLC.	Distribution	business income
Michael Garrett	Sierra Holdings, LLC.	Holding company	business income
PROFESSIONAL AND CIVI	IC RELATIONSHIPS	1	
☐ Yes ☑ No If "No", pro Do not list State board	ceed to question 8. ds or entities, or entities created by	a political subdivision of the State	
Name of Person	ons of which you are a mere member His/Her Position	Name of Nonprofit	Nature of Business or Purpose
		Corporation or Organization	of Organization
7(b) If the nonprofit corporation	ons or organizations listed above do	husiness with the State of North	Carolina or receive State funds
• •	on of the nature of that business, if		
Name of Nonprofit Co	rporation or Organization	Describe State Busi	ness or State Funding
✓ None or Not Known			

Please answer the following que	stion as it p					
Senate 8. During 2017, were you, your spouse, or members of your immediate family a director, officer, or governing board member of any						
society, organization, or advocad	_					
			•	•	ou are filing because you are a	
legislator or	a judicial o	fficer or you are filing	g as an appointee to those	e offices.		
Do not list organization	ns of which	you are only a membe	er (not serving in a leade	rship role).		
Name of Person		Name of Society	y, Organization or acy Group	-	Leadership Position (Director, Officer, Board Member)	
9(a). List the name of each comp	oany or busi	ness with which you v	were associated where yo	ou or a mei	mber of your immediate family	
was an employee, director, offic	er, partner,	proprietor, or member	or manager as of Decen	nber 31, 20	17.	
Name of Person	Rela	tionship to Filer	Name of Comp	any	Role of Person	
☐ No Business Associations						
Matthew Garrett	Brother	All Seasons Commercia Distribution		ial	Sales	
9(b). If you know that any comp	any or busii	ness entity listed in 9(a	a) above had any materia	al business	dealings or business contracts	
with the State of North Carolina	or was regu	lated by the State as o	of <u>December 31, 2017</u> , p	rovide a br	ief description of that business	
activity.						
Name of Company or Business Entity			Description of	of Business	Activity with the State	
☐ Not applicable (No entities listed on #9a) ☑ No relationship / Not known						
10. Are you a practicing attorney	y?					
☐ Yes ☑ No ☐ Judicial Off		ttorney				
If "Yes", check each category of			u or the law firm with w	hich you ar	e affiliated has earned legal fees	
of more than \$10,000 during 20				•		
☐ Administrative	— □ Admira	lty	☐ Corporate		☐ Criminal	
☐ Decedent's Estates	☐ Environ	•	☐ Insurance		Labor	
Local Government	☐ Real Pro		☐ Securities		□ Tax	
		-				
☐ Tort litigation (including ☐ Utilities Regulation ☐ Other category not listed. negligence)						

11. <u>During 2017</u> , were you a lice	nsed profes	ssional (other than an at	ttorney) or did you pro	vide consul	ting services individually or as a	
member of a professional associa	tion for wl	nich you charged or we	re paid over \$10,000?			
☐ Yes ☑ No						
Type of	Business		Nat	ure of Serv	ices Rendered	
Please answer the following ques	tion as it p	ertains to the following	board/agency:			
			ate			
12. Are you or your employer, yo	our spouse	or members of your im	mediate family, or thei	r employer	currently:	
• <u>Licensed by</u> the State board or	employing	g entity with which you	are or will be associate	ed or		
• Regulated by the State board of	r employir	ng entity with which yo	u are or will be associa	ited or		
Have a business relationship w	ith the Sta	te board or employing	entity with which you a	are or will b	e associated?	
☐ Yes ☑ No ☐ Legislator/Ju	— dicial Offi	cer - You are not requ	ired to complete this qu	uestion if yo	ou are filing because you are a	
legislator or	a judicial o	officer ("judicial officer	" is defined in the SEI	Helpful Tip	s) or you are filing as an	
appointee to	those offic	es.				
Name of Person		Name of Employer (if applicable)		Type of Relationship (Licensing, Regulatory, Business)		
13. Are you, <u>your spouse</u> , or a moregistered as such within the <u>12 r</u> Yes ✓ No	•		• •	lobbyist or	lobbyist principal or were you	
Name of Lobbyist	Lob	byist's Principal	Date of Registra	ation	Registration Expiration	
OTHER DISCLOSURES						

14. During any calendar quarter i candidate), did you	in 2017 (but only the time period a	after you were appointed, employ	ed or filed or were nominated as a
• receive any gift(s) exceeding \$	200 per quarter from a person or g	group of persons acting together,	<u>and</u>
• when both you and those perso	n(s) were outside North Carolina	at the time you accepted the gift(s	s), <u>and</u>
• the gift(s) were given under cir	cumstances that would lead a reas	sonable person to conclude that th	ey were given for lobbying?
☐ Yes ☑ No			
 Do not report gifts give. 	n by members of your extended fa	mily.	
Do not report gifts that Report for Exempted Pe	have previously been reported by ersons."	you to the Department of the Sec	retary of State on the "Expense
Date Item Received	Name and Address of Donor(s)	Describe Item Received	Estimated Market Value
• •		nate	
	ne period after you were appointed	• •	inated as a candidate) did you
•	ding \$200 from a person or group	of persons acting together and	
• those person(s) were outside N	_		
•	your public position? A "scholars r event, including tuition, travel,		
	cer - You are not required to comp		_
	er appointee.	piete tills question if you are a jud	icial officer of you are fiffing as a
Do not report gifts that Report for Exempted Pe	have previously been reported by ersons."	you to the Department of the Sec.	retary of State on the "Expense
•	ired to report scholarships paid by s a member or participant or an af		ation of which the legislator or
Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value

Please answer the following question as it p	ertains to the following board/age	ncy:	
	Senate		
16. Were you appointed or are you being co	nsidered for an appointment to a c	covered boar	d by the Governor or another Council of
State member?			
Council of State members are:			
• Governor	• Lt. Governor	Secretary	of State
State Auditor	• State Treasurer	Superinte	endent of Public Instruction
Attorney General	• Commissioner of Agriculture	• Commiss	sioner of Labor
• Commissioner of Insurance			
☐ Yes ☑ No			
If "Yes", list all contributions you (NOT	immediate family members) ma	de during 20	017 with a cumulative total of more than
\$1,000 to the Governor or other Council	of State member who appointed	you.	
Contributions are defined in N C (C S 163 278 6(6) and include but	are not limit	ted to, "any advance, conveyance, deposit,
			ey or anything of value whatsoever."
distribution, transfer of funds, foan	i, payment, girt, piedge or subscrip	otion of mon	ey or anything or value whatsoever.
Date	Amount		Contributed to
☐ No contribution(s) with a cumulative tota	of more than \$1,000		

Please answer the following question as it pertains to	the following board/agency Senate	<i>7</i> :		
17. Are you an appointee or prospective appointee to:				
a. the head of a principal state department (e.g. caorb. a North Carolina Supreme Court Justice, Court				✓ No O'', proceed to question
or				
c. a member of any of the following boards:				
 ABC Commission Coastal Resources Commission State Board of Education State Board of Elections Division of Employment Security Environmental Management Commission Industrial Commission Human Resources Commission Rules Review Commission Board of Transportation UNC Board of Governors Utilities Commission Wildlife Resources Commission 				
Wildlife Resources Commission				
d. If so, were you appointed or are you being con position by a Council of State member? Council	=		□ No ", proceed to question	
e. If so, you must indicate whether during 2017 y in any of the following activities with respect to committee of the Council of State member who a i. Collected contributions from multiple cont contributions, and transferred or delivered the or committee? Contributions are defined in contributions.	e or campaign c position: f such multiple	□Yes	□No	
ii. Hosted a fundraiser at your residence or p			□ Ves	□No
iii. Volunteered for campaign-related activit phone banks, event assistance, mailings, can advances the campaign of a candidate?			□No	
18. Have you ever been convicted of a felony for which expungement regarding that conviction? ☐ Yes ☑ No	ch you have not received ei	ther: (i) a pardon of	innoce	nce; or (ii) an order of
Offense	Date of Conviction	County of Convid	etion	State of Conviction

19. Are you aware of any other information that <i>you believe</i> may assembliance with the State Government Ethics Act?	sist the State Ethics Commission in advising you concerning your
☐ Yes ☑ No If yes, please provide such information below.	
AFFIRMATION	
I affirm that the information provided in this Statement of Economic accurate to the best of my knowledge and belief.	c Interest and any attachments hereto are true, complete, and
I also certify that I have not transferred, and will not transfer, any as disclosure while retaining an equitable interest.	sset, interest, or property for the purpose of concealing it from
I understand that my Statement of Economic Interest and any attach	ments or supplements thereto (with the exception of the
Confidential Form regarding Unemancipated Children) are public re	ecord.
I acknowledge that I have read and understand N.C.G.S. 138A-26 reand N.C.G.S. 138A-27 regarding providing false information:	egarding concealing or failing to disclose material information
§ 138A-26. Concealing or failing to disclose material informati	ion.
A filing person who knowingly conceals or knowingly fails to estatement of economic interest under this Article shall be guilty action under G.S. 138A-45.	disclose information that is required to be disclosed on a y of a Class 1 misdemeanor and shall be subject to disciplinary
§ 138A-27. Penalty for false information. A filing person who provides false information on a statement the information is false is guilty of a Class H felony and shall be	of economic interest as required under this Article knowing that be subject to disciplinary action under G.S. 138A-45.
☑ I Agree. It is my intention that this check box constitutes my electinformation provided in this Statement of Economic Interest and best of my knowledge and belief.	
Filed Electronically	3/12/2018
Signature	Date
Michael Kennedy Garrett	
Printed Name	